

Fill in this information to identify the case:Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	858,223.49
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	858,223.49

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	2,166,096.16
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	20.16
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	2,430,488.37
4. Total liabilities Lines 2 + 3a + 3b	\$	4,596,604.69

Fill in this information to identify the case:Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property ***

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest**

2.	Cash on hand			\$3,127.47
2.	Cash on hand			\$9,430.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	Regions	Checking		\$0.00
3.2.	Bank of Tampa	Operating		\$0.00
3.3.	Cash Clearing (checks deposited to DIP account)			\$124,000.00
3.4.	Bank of Tampa	Reserve		\$13,177.50
3.5.	Regions Bank	Reserve		\$2,210.23

4. Other cash equivalents (Identify all)

Debtor Harvey Moore and Associates, Inc.
NameCase number (If known) 8:19-bk-4588-CPM5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$151,945.20**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>167,901.01</u>	-	<u>0.00</u>	=	<u>\$167,901.01</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>498,363.53</u>	-	<u>0.00</u>	=	<u>\$498,363.53</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$666,264.54**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description**Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of
debtor's interest**

Debtor Harvey Moore and Associates, Inc.
NameCase number (If known) 8:19-bk-4588-CPM

39.	Office furniture			
	Office furniture		\$4,226.76	\$4,226.76

40. Office fixtures

41.	Office equipment, including all computer equipment and communication systems equipment and software			
	Office equipment, computers and software		\$236.50	\$236.50

	Office and trial supplies			
			\$0.00	\$0.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$4,463.26

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

Debtor Harvey Moore and Associates, Inc.
NameCase number (if known) 8:19-bk-4588-CPM

71.	Notes receivable Description (include name of obligor)	9,076.08	-	0.00	=	\$9,076.08
	Due from Trial Practices, Inc.	Total face amount		doubtful or uncollectible amount		
<hr/>						
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)					
73.	Interests in insurance policies or annuities					
74.	Causes of action against third parties (whether or not a lawsuit has been filed)					
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims Counterclaims against Hahn Loeser & Parks, LLP, pending in Adversary Proceeding Case No. 8:19-ap-238-CPM					Unknown
	Nature of claim					
	Amount requested	\$0.00				
<hr/>						
	Contract rights under trial consulting agreements					Unknown
	Nature of claim					
	Amount requested	\$0.00				
<hr/>						
76.	Trusts, equitable or future interests in property					
77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i>					
	Due from Trial Transport					\$14,194.41
<hr/>						
	Due from Trial Transport II					\$1,150.00
<hr/>						
	Due from Trial Simulations, Inc.					\$735.00
<hr/>						
	Due from Trial Visualization, Inc.					\$6,040.00
<hr/>						
	Due from Trial Science Consulting					\$3,775.00
<hr/>						
	Leasehold Improvements and Leased Assets					\$0.00
<hr/>						
	Due from Trial Predictions					\$580.00
<hr/>						

Debtor Harvey Moore and Associates, Inc.
Name

Case number (If known) 8:19-bk-4588-CPM

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$35,550.49

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Harvey Moore and Associates, Inc.
NameCase number (If known) 8:19-bk-4588-CPM**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$151,945.20	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$666,264.54	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$4,463.26	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$35,550.49	
91. Total. Add lines 80 through 90 for each column	\$858,223.49	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$858,223.49

* The Debtor reserves the right to amend or restate based on Court rulings on the notice motion (Doc. No. 33).

Fill in this information to identify your case:

Debtor 1	Stan Murphy		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION		
Case number (if known)	8:19-bk-4588-CPM		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Line from <i>Schedule A/B</i> :		<input type="checkbox"/>	
		<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify the case:

Debtor name **Harvey Moore and Associates, Inc.**

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**

Case number (if known) **8:19-bk-4588-CPM**

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Hahn Loeser & Parks, LLP <small>Creditor's Name</small> 200 Public Square, #2800 Cleveland, OH 44114 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien See Fla. Stat 55.202(2); accounts garnished Describe the lien Judgment Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,141,096.16	Unknown
2.2	Joseph DiNardo <small>Creditor's Name</small> 90 Bryant Woods S., Suite 100 Buffalo, NY 14228 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien All assets Describe the lien Security Interest Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$25,000.00	Unknown

Debtor **Harvey Moore and Associates, Inc.**

Name

Case number (if know)

8:19-bk-4588-CPM☒ No☐ Contingent☐ Yes. Specify each creditor,
including this creditor and its relative
priority.☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,166,096.1
6**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity**Edmond E. Koester, Esq.**
4001 Tamiami Trail N., #300
Naples, FL 34103Line **2.1**

Fill in this information to identify the case:Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Florida Department of Revenue 5050 W. Tennessee St. Tallahassee, FL 32399 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.16 \$20.16

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address Adclub 1304 W. Rosenberg Ave. Modesto, CA 95350-4855 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$768.56
3.2 Nonpriority creditor's name and mailing address AFLAC 1932 Wynnnton Rd. Columbus, GA 31993-0797 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$426.40

Debtor **Harvey Moore and Associates, Inc.**
NameCase number (if known) **8:19-bk-4588-CPM**

3.3	Nonpriority creditor's name and mailing address American Express P.O. Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,152.44
3.4	Nonpriority creditor's name and mailing address American Funds P.O. Box 2560 Norfolk, VA 23501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,578.00
3.5	Nonpriority creditor's name and mailing address Banker Lopez & Gassler, P.A. 501 E. Kennedy Blvd., #1700 Tampa, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
3.6	Nonpriority creditor's name and mailing address Banyan Street/GAP 101 East Kennedy Owner, LLC 80 SW 8th St., #2200 Miami, FL 33130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address Cogent Communications, Inc. P.O. Box 791087 Baltimore, MD 21279-1087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address CS Disco, Inc. P.O. Box 670533 Dallas, TX 75267-0533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,008.20
3.9	Nonpriority creditor's name and mailing address DEX Imaging 5109 W. Lemon St. Tampa, FL 33609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.26

Debtor **Harvey Moore and Associates, Inc.**
NameCase number (if known) **8:19-bk-4588-CPM**

3.10	Nonpriority creditor's name and mailing address Dolphin Dist., Inc. 15901 Country Farm Pl Tampa, FL 33624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.12
3.11	Nonpriority creditor's name and mailing address GE Capital Trans Leasing P.O. Box 35719 Billings, MT 59107-5719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For noticing purposes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address Hahn Loeser & Parks, LLP 200 Public Square, #2800 Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,141,096.16
3.13	Nonpriority creditor's name and mailing address Harvey A. Moore 1215 N. Riverhills Dr. Tampa, FL 33617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211,124.16
3.14	Nonpriority creditor's name and mailing address Humana P.O. Box 3024 Milwaukee, WI 53201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.35
3.15	Nonpriority creditor's name and mailing address Laird Plastics P.O. Box 934226 Atlanta, GA 31193-4226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,352.06
3.16	Nonpriority creditor's name and mailing address Office Team 12400 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.82

Debtor	Harvey Moore and Associates, Inc. Name	Case number (if known)	8:19-bk-4588-CPM
--------	--	------------------------	-------------------------

3.17	Nonpriority creditor's name and mailing address Park One of Florida, LLC 101 E. Kennedy Blvd., #1450 Tampa, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,353.26
------	---	---	-------------------

3.18	Nonpriority creditor's name and mailing address Principal Life Insurance Co. P.O. Box 10372 Des Moines, IA 50306-0372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	---	----------------

3.19	Nonpriority creditor's name and mailing address Public Storage 833 S. Military Trail West Palm Beach, FL 33415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	---	----------------

3.20	Nonpriority creditor's name and mailing address Seaport Storage / Tampa 1120 E. Twiggs St. Tampa, FL 33602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	---	----------------

3.21	Nonpriority creditor's name and mailing address Smith & Taylor Tax 9 W. Township St. Fayetteville, AR 72703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.50
------	--	---	-----------------

3.22	Nonpriority creditor's name and mailing address United Healthcare P.O. Box 94017 Palatine, IL 60094-4017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,799.08
------	---	---	--------------------

3.23	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. P.O. Box 105710 Atlanta, GA 30348-5710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	---	----------------

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **Harvey Moore and Associates, Inc.**
Name

Case number (if known) **8:19-bk-4588-CPM**

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1 **Edmond E. Koester, Esq.**
4001 Tamiami Trail N., #300
Naples, FL 34103

Line **3.12**

☐ Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 20.16
5b. +	\$ 2,430,488.37
5c.	\$ 2,430,508.53

Fill in this information to identify the case:Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases *****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of office located at 101 E. Kennedy Blvd., Tampa, Florida**State the term remaining **5 years**

List the contract number of any government contract _____

**Banyan Street/GAP 101 East Kennedy
Owner, LLC
80 SW 8th St., #2200
Miami, FL 33130**2.2. State what the contract or lease is for and the nature of the debtor's interest **Rental of storage unit**State the term remaining **Month to Month**

List the contract number of any government contract _____

**Certified Records Management
P.O. Box 21494
New York, NY 10087-1494**2.3. State what the contract or lease is for and the nature of the debtor's interest **Rental of storage unit**State the term remaining **Month to Month**

List the contract number of any government contract _____

**Public Storage
833 S. Military Trail
West Palm Beach, FL 33415**2.4. State what the contract or lease is for and the nature of the debtor's interest **Rental of 2 storage units (month to month basis)**State the term remaining **Month to Month**

List the contract number of any government contract _____

**Seaport Storage / Tampa
1120 E. Twiggs St.
Tampa, FL 33602**

Debtor 1 **Harvey Moore and Associates, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **8:19-bk-4588-CPM****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Trial Consulting Contracts**

State the term remaining

List the contract number of any government contract

Various clients

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease of copier**

State the term remaining

Month to Month

List the contract number of any government contract

**Wells Fargo Bank, N.A.
P.O. Box 105710
Atlanta, GA 30348-5710**

* The Debtor reserves the right to amend or restate based on Court rulings on the notice motion (Doc. No. 33).

Fill in this information to identify the case:Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Harvey Moore****Joseph DiNardo**☒ D **2.2**☐ E/F _____☐ G _____**2.2 Trial Practices, Inc.****Hahn Loeser & Parks, LLP**☐ D _____☒ E/F **3.12**☐ G _____**2.3 Trial Practices, Inc.****Hahn Loeser & Parks, LLP**☒ D **2.1**☐ E/F _____☐ G _____

Fill in this information to identify the case:

Debtor name **Harvey Moore and Associates, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:19-bk-4588-CPM**☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)*
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- ☒ *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- ☒ *Schedule H: Codebtors (Official Form 206H)*
- ☒ *Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- ☐ *Other document that requires a declaration*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/10/19x 
Signature of individual signing on behalf of debtor**Stan Murphy**

Printed name

Chief Restructuring Officer

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Harvey Moore and Associates, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISIONCase number (if known) 8:19-bk-4588-CPM☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**
From 1/01/2019 to **Filing Date****Sources of revenue**
Check all that apply☐ Operating a business☒ Other**Case Revenues/Ins
Refund/Misc****Gross revenue**
(before deductions and exclusions)\$1,637,778.66**For prior year:**
From 1/01/2018 to 12/31/2018☐ Operating a business☒ Other**Case Revenues/Ins
Refund/Misc**\$4,542,644.63**For year before that:**
From 1/01/2017 to 12/31/2017☐ Operating a business☒ Other**Case Revenues/Ins
Refund/Misc**\$2,199,735.19**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attachment		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. See attachment			<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	See attachment			\$0.00
	Recipients relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Stichter, Riedel, Blain & Postler, P.A. 110 E. Madison St. Suite 200 Tampa, FL 33602	Attorney Fees - aggregate amount paid for Debtor and related Debtor Trial Practices, Inc.	May 3, 2019 and May 10, 2019	\$100,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	Ankura Consulting Group 101 E. Kennedy Blvd. #2250 Tampa, FL 33602	Consulting Fees - aggregate amount paid for Debtor and related Debtor, Trial Practices, Inc.	May 3, 2019	\$40,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Public Storage 833 S. Military Trail West Palm Beach, FL 33415	Jon Allen	Remote office storage while location transitioning	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Seaport Storage / Tampa 1120 E. Twiggs St. Tampa, FL 33602	Jon Allen	Files and old travel equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Certified Records Management P.O. Box 21494 New York, NY 10087-1494	Jon Allen	Files	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Warren Everett, LLC 100 N. Ashley St., #700 Tampa, FL 33602	Present
26a.2. Teresa McBride 101 E. Kennedy Blvd., #3040 Tampa, FL 33602	January 2012 to Present
26a.3. Breanna Nelson Pierce 101 E. Kennedy Blvd., #3040 Tampa, FL 33602	February 2014 to Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **Bank of Tampa**
202 N. Franklin St.
Tampa, FL 33602

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name**Address****Position and nature of any interest****% of interest, if any****Harvey A. and Lynette Moore****101 E. Kennedy Blvd., #3040
Tampa, FL 33602****Officers and Shareholders****100%**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.**Name and address of recipient****Amount of money or description and value of property****Dates****Reason for providing the value**

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1				Dr. Moore received the sum of \$666,157.55 for services rendered, consisting of the amount of \$236,002.72 for payment in arrears of 2017 compensation, the amount of \$278,846.15 for 2018 compensation, and the amount of \$151,308.68 for 2019 compensation, plus health insurance, parking allowance, and reimbursement of out-of-pocket business expenses
	Harvey A. Moore 101 E. Kennedy Blvd., #3040 Tampa, FL 33602	\$666,157.55 Wages \$4,756.76 Benefits	January 1, 2018 through Petition Date	
	Relationship to debtor Officer and Shareholder			
30.2				Salary Health insurance and reimbursement of expenses
	Lynette Moore 101 E. Kennedy Blvd., #3040 Tampa, FL 33602	\$13,770.00 \$15,730.44	Various	
	Relationship to debtor Officer and Shareholder			
30.3				The Debtor paid \$94,843.76 in June/July 2018 for solar panels used in the Moore's residence. The amounts offset amounts due to Dr. Moore, and are exceeded by amounts loaned or contributed to the Debtor since that date.
	Harvey and Lynette Moore 101 E. Kennedy Blvd., #3040 Tampa, FL 33602	\$99,843.75	June/July 2018	
	Relationship to debtor Officers and Shareholders			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor **Harvey Moore and Associates, Inc.**Case number (if known) **8:19-bk-4588-CPM**

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund**Employer Identification number of the parent corporation**

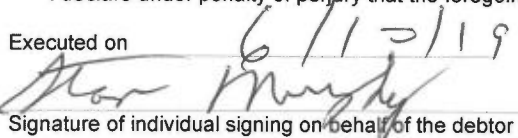
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on


Signature of individual signing on behalf of the debtor

Stan Murphy
Printed name

Position or relationship to debtor **Chief Restructuring Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

In re **Harvey Moore and Associates, Inc.**Case No. **8:19-bk-4588-CPM**

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

#3

**HMA Payment or Transfers 90 Days Before Filing
Aggregate Value Over \$6,825**

Customer/Vendor ID	Address	Check No.	Date	Amount	Reason for Payment
United Healthcare	PO Box 94017 Palatine , IL 60094	CC5504665612	3/1/2019	\$12,799.08	Employee Health Insurance
United Healthcare	PO Box 94017 Palatine , IL 60095	CC5504665652	3/20/2019	\$12,799.08	Employee Health Insurance
United Healthcare	PO Box 94017 Palatine , IL 60096	CC5504665735	4/25/2019	\$12,799.08	Employee Health Insurance
				<u>\$38,397.24</u>	
US Legal Support Inc	PO Box 4772-12 Houston, TX 77211	95506	4/8/2019	\$1,455.00	Court Reporter - Case Expense
US Legal Support Inc	PO Box 4772-12 Houston, TX 77210	95507	4/8/2019	\$7,828.20	Court Reporter - Legal Cost
US Legal Support Inc	PO Box 4772-12 Houston, TX 77212	95973	4/18/2019	\$1,087.50	Court Reporter - Case Expense
				<u>\$10,370.70</u>	
Park One	103 E Kennedy Blvd Suite 1450 Tampa, FL 33602	CC5504665610	3/1/2019	\$3,420.00	Parking Expense
Park One	101 E Kennedy Blvd Suite 1450 Tampa, FL 33602	Park One 4/10/19	4/10/2019	\$4,049.41	Parking Expense
Park One	102 E Kennedy Blvd Suite 1450 Tampa, FL 33602	Park One 4/26/19	4/26/2019	\$3,561.41	Parking Expense
				<u>\$11,030.82</u>	
Oscher Consulting	201 N Franklin St, Ste 3150 Tampa, FL 33602	CC5504665650	3/20/2019	\$15,462.65	Legal Costs
Oscher Consulting	202 N Franklin St, Ste 3150 Tampa, FL 33602	CC5504665715	4/18/2019	\$2,867.50	Legal Costs
				<u>\$18,330.15</u>	
Genworth Life	PO Box 791039 Baltimore, MD 21279	582943544	2/20/2019	\$11,839.88	Keyman Life Insurance
				<u>\$11,839.88</u>	
Conwell Business LLL	PO Box 791039 Baltimore, MD 21280	CC5504665614	3/5/2019	\$156,890.32	Legal Fees and Costs
Conwell Business LLL	PO Box 791039 Baltimore, MD 21279	Wire Transfer-HAM MM	4/29/2019	\$157,821.17	Legal Fees and Costs
Conwell Business LLL	PO Box 791039 Baltimore, MD 21281	WireTransfer5/10/19 b	5/10/2019	\$90,438.95	Legal Fees and Costs
				<u>\$405,150.44</u>	
Buell & Elligett	3003 W Azelee St, Ste 100 Tampa, FL 33609	CC5504665618	3/7/2019	\$5,000.00	Legal Fees
Buell & Elligett	3004 W Azelee St, Ste 100 Tampa, FL 33609	CC196342	5/6/2019	\$2,400.00	Legal Fees and Costs

\$7,400.00

Banyan Street/GAP	BOA Suite 3040 P.O. Box 744907 Atlanta, GA 30385	CC5504665607	3/1/2019	\$19,056.99 Rent & Utilities
Banyan Street/GAP	BOA Suite 3040 P.O. Box 744907 Atlanta, GA 30386	CC5504665647	3/20/2019	\$17,871.26 Rent
Banyan Street/GAP	BOA Suite 3040 P.O. Box 744907 Atlanta, GA 30387	MO2106539088	4/9/2019	\$16.09 Utilities
Banyan Street/GAP	BOA Suite 3040 P.O. Box 744907 Atlanta, GA 30384	CC5504665732	4/25/2019	\$20,912.80 Rent & Utilities

\$57,857.14

Anne M Geers 1	4540 Longridge Ave Sherman Oaks, CA 91423	001235	2/25/2019	\$10,000.00 Consultant Fees
Anne M Geers 1	4541 Longridge Ave Sherman Oaks, CA 91423	CC5504665646	3/20/2019	\$10,000.00 Consultant Fees
Anne M Geers 1	4542 Longridge Ave Sherman Oaks, CA 91423	CC5504665736	4/25/2019	\$10,000.00 Consultant Fees

\$30,000.00

AmExp Platinum	PO Box 650448 Dallas, TX 75265	W8510	2/13/2019	\$10,758.68 Business Expenses
AmExp Platinum	PO Box 650448 Dallas, TX 75268	W9720	2/28/2019	\$3,084.04 Business Expenses
AmExp Platinum	PO Box 650448 Dallas, TX 75267	W3006	3/5/2019	\$7,145.65 Business Expenses
AmExp Platinum	PO Box 650448 Dallas, TX 75266	CC5504665654	3/20/2019	\$7,491.44 Business Expenses
AmExp Platinum	PO Box 650448 Dallas, TX 75269	W4126	4/1/2019	\$593.43 Business Expenses

\$29,073.24

AmExp Bus Platinum	PO Box 650448 Dallas, TX 75268	W1088	2/13/2019	\$16,145.06 Business Expenses
AmExp Bus Platinum	PO Box 650448 Dallas, TX 75265	W7018	2/28/2019	\$50,138.65 Business Expenses
AmExp Bus Platinum	PO Box 650448 Dallas, TX 75266	W7938	3/5/2019	\$37,967.29 Business Expenses
AmExp Bus Platinum	PO Box 650448 Dallas, TX 75267	CC5504665653	3/20/2019	\$30,070.02 Business Expenses

\$134,321.02

In re Harvey Moore and Associates, Inc.

Debtor(s)

Case No. 8:19-bk-4588-CPM

STATEMENT OF FINANCIAL AFFAIRS

#7

In re:

TRIAL PRACTICES, INC.,

Plaintiff,

Case No. 06-CA-5366

vs.

Division L
Complex Litigation Division

JACK J. ANTARAMIAN,

Defendant.

JACK J. ANTARAMIAN,

Plaintiff,

Case No. 13-CA-5139

vs.

Consolidated Case

TRIAL PRACTICES, INC., TRIAL SIMULATIONS,
INC., TRIAL VISUALIZATION, INC., HARVEY
MOORE AND ASSOCIATES, INC., and HARVEY
MOORE,

Defendants.

HAHN LOESER & PARKS, LLP,

Plaintiff,

Case No. 15-CA-7307

vs.

Consolidated Case

TRIAL PRACTICES, INC., TRIAL SIMULATIONS,
INC., TRIAL VISUALIZATION, INC., HARVEY
MOORE AND ASSOCIATES, INC., HARVEY
MOORE, and LYNETTE M. MOORE,

Defendants.

In re **Harvey Moore and Associates, Inc.**

Debtor(s)

Case No. **8:19-bk-4588-CPM****STATEMENT OF FINANCIAL AFFAIRS****#9****HMA Charitable Contributions****May 15, 2017 - May 15, 2019**

Receipient	Address	Description	Date	Value
Protect AR Families	PO Box 250910 Little Rock, AR 72225	Protect AR Families - Donation	6/21/18	\$ 25,000.00
Comm Foreign Relations	401 E Jackson Street Ste 2400 Tampa, FL 33602	Tampa Bay Area Committee - Young Leaders Initiative	6/29/18	\$ 7,500.00
Over the Edge for the Sunshine	3400 Woods Lane Rogers, Arkansas 72756	Over the Edge for the Sunshine - Contribution	7/26/18	\$ 1,000.00
Comm Foreign Relations	401 E Jackson Street Ste 2400 Tampa, FL 33602	Tampa Bay Area Committee - Young Leaders Initiative	9/20/18	\$ 2,500.00
Comm Foreign Relations	401 E Jackson Street Ste 2400 Tampa, FL 33602	Tampa Bay Area Committee - Sessums Young Leadership Initiative Fund	3/5/19	\$ 1,500.00
				<hr/> \$ 37,500.00 <hr/>